Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			chool Year 2004- 20 e to School Clerk Ju		
Elementary District Re	esponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity
Polson H S					Lake		0478
Is this contract shar	red between e	lementary ar	id high scho	ol?			
Are you applying fo (If yes, please attac	h explanation)	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circur increased rates, indivitrustees of the district, Public Instruction. (10)	nstances of isola dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appointment in the contract of the	o receive oproved by the	Student Name	School	Grade
Check here only if inconstrict Trustees and t	reased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	□ yes		itials		Student Name	School	Grade
HS District Approval County Approval	,	□ no □ no			THIS CONTRAC	CT IS FOR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester	Only □ 2nd Semeste	r Only Both Semesters
Robert Hanson Physical Address (s		only):			Pre-kindergarter □ 1st Semester	n/Kindergarten Only □ 2nd Semeste	r Only □ Both Semesters
						EN/PREKINDERGARTEN	•
Distance from home Elementary 0 Distance from home Elementary 0	HS 30	·	•		by this contrac To or from Bus S To or from Scho Kindergarten c	t: Stoptimes per close times per close t	days per week days per week days, days per week days per week school-age students: lay, days per week days, days per week days, days per week
□ Contract is for o	• •	Ale e et cel e et e te t			Deadlines:		, <u> </u>
Students in Each Grade L					PARENTS: Due	e to School Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send	d original to County Supt b	y July 1, retain a copy for your
Regular Trans Spec. Ed. Trans					COUNTY SUPE		riginal to OPI by July 10, retain a
•					copy for your file	REIMBURSEMEN	TDATE
Room & Board Correspondence					(For district, county and	
Reg.						Daimahuma ama ant mata ia al	otomorio al h
Contingency Spec. Ed. Contin.						Reimbursement rate is d 20-10-142, MC	
		I.					
Agreement between	n parent (pare	nt name)			, and school dist	rict (district name)	,
(county name)		transportation for		•	er referred to as the Di	. ,	r guardian assures that a licensed and
insured driver will 2. In March and June transported for the	transport the stude e, the District shall p e past semester.	nts. Mileage cor pay the parent the	tracts are valid of e sum officially a	only when transportation only when transportation on the application of the application o	on for the distance reported on tion upon certification by the te	the contract actually occurs. eacher or principal of the school of	the number of days the student(s) was
4. This contract shall Elementary School	terminate at the er	nd of the school y	redule establish year or when the ard of Truste	student(s) is no longe	42, MCA, and the information r enrolled in school, whichever	occurs first.	Date
High School Distric		Í	ard of Truste				Date
Polson H S			l attes	t that the above i	nformation is true and	correct	
Signature - Parent or	Guardian		i alles	t that the above	morniquon io tiue and	Date	
						i	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Signature - Parent or	Guardian					Date	
			I attes	t that the above	information is true and corre	ect.	<u> </u>
High School District		Chair, Boa	ard of Truste	es			Date
Elementary School E Polson Elem	District	Chair, Boa	ard of Truste	es			Date
(county name) The parties agree as follow 1. The parent shall trainsured driver will trainsured driver will trainsured driver will transported for the parent shall transported for the parent shall trainsured transported for the parent shall transported for the parent shall transport	s: Insport or provide the studer Insport the student Insport the studen	transportation for nts. Mileage con pay the parent the ne basis of the so nd of the school y	the student(s) t tracts are valid t e sum officially a chedule establisl year or when the	County, hereinaf o and from the school only when transportati approved in the applica- ned in Section 20-10-1 student(s) is no longer	, and school district (ter referred to as the District or bus stop on the days when schoo on for the distance reported on the cition upon certification by the teacher 42, MCA, and the information accorder enrolled in school, whichever occu	et(s). It is in session. The parent or guardontract actually occurs. It or principal of the school of the numpanying this contract.	dian assures that a licensed and umber of days the student(s) was
Contingency Spec. Ed. Contin.					The state of the s	20-10-142, MCA.	
Reg.					Re	imbursement rate is deteri	mined by
Correspondence					(For	district, county and OPI	
Room & Board					copy for your files.	REIMBURSEMENT R	ATE
Regular Trans Spec. Ed. Trans					COUNTY SUPERIN copy for your files.	TENDENTS: Send origina	al to OPI by July 10, retain a
Pagular Trans	Total	Total	Total	Total	CLERKS: Send original files.	ginal to County Supt by Ju	ly 1, retain a copy for your
Students in Each Grade Le	vel - Only include	the students to b	be covered by th	is contract.	<u>Deadlines:</u> PARENTS: Due to	School Clerk June 1.	
□ Contract is for on	, ,					times per day, _	days per week
Distance from home Elementary .3	to nearest bu HS 0	ıs stop, if anı	y (one way)		To or from School Kindergarten child	rides without other school	days per week bol-age students: days per week days per week
Distance from home Elementary 16	to nearest so	thool (one wa	ay)		Kindergarten child by this contract: To or from Bus Stop	times per day,	age students also covered days per week
riiysicai Address (st	eet address	only):				y 2nd Semester On	ly Both Semesters
Diane Auld Physical Address (st	root add====	only):			Pre-kindergarten/Kir		
Parent or Guardian N		e Print)			Grades 1-12 ☐ 1st Semester Onl	y □ 2nd Semester On	ly Both Semesters
HS District Approval County Approval	□ yes □	□ no			THIS CONTRACT IS	S FOR:	
District Trustees and the Elem District Approval	•		imittee. itials		Student Name	School	Grade
Check here only if incre	ased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade
increased rates, individual trustees of the district, the Public Instruction. (10.7)	ual circumstand he county trans	ces must be re sportation com	viewed and apmittee, and th	pproved by the	Student Name	School	Grade
(If yes, please attach ISOLATION: Section 2 rates for special circum:	explanation) 0-10-142, MCA	A, provides for			Student Name	School	Grade
□ yes □ noAre you applying for	isolation state	us? □ Yes	□ No		Student Name	School	Crado
Is this contract share	d between el	ementary an	d high scho	ol?			
High School or K-12 Dis	strict Responsit	ole for Reimbu	rsing the Con	tract	County		Legal Entity
Polson Elem					Lake		0477
Elementary District Res	ponsible for Re	eimbursing the	Contract		County		Legal Entity
	ox 202501 a, MT 59620	-2501		Du	e to School Clerk June 1	1	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	Helena, MT 59620-2501 Due to School Clerk June 1								
Elementary District Responsible for Re	imbursing the Contract		County		Legal Entity				
Polson Elem			Lake		0477				
High School or K-12 District Responsib	le for Reimbursing the Cont	ract	County		Legal Entity				
Is this contract shared between el □ yes □ no	ementary and high school	ol?							
Are you applying for isolation statu			Student Name	School	Grade				
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA	, provides for increased rein	nbursement		0011001	3.443				
rates for special circumstances of isola increased rates, individual circumstanc trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov	tion of residence. In order to ses must be reviewed and ap- portation committee, and the	o receive oproved by the	Student Name	School	Grade				
Check here only if increased payment District Trustees and the County Trans	due to isolation has been ap	proved by the	Student Name	School	Grade				
	Initials no		Student Name School Grade						
	no		THIS CONTRACT IS FO Grades 1-12	<u>R:</u>					
Parent or Guardian Name: (Please	e Print)			□ 2nd Semester Only	□ Both Semesters				
Michele Rix Physical Address (street address	only):		Pre-kindergarten/Kinderg ☐ 1st Semester Only		□ Both Semesters				
Distance from home to nearest school (one way) Elementary 4 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 2 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K									
Agreement between parent (parer (county name) The parties agree as follows: 1. The parent shall transport or provide t insured driver will transport the studer 2. In March and June, the District shall p transported for the past semester. 3. The payment shall be computed on the 4. This contract shall terminate at the en Elementary School District Polson Elem	ransportation for the student(s) to tts. Mileage contracts are valid c ay the parent the sum officially a e basis of the schedule establish	County, hereinafter repairs and from the school or bus only when transportation for approved in the application up the din Section 20-10-142, Mostudent(s) is no longer enro	the distance reported on the contract pon certification by the teacher or pri CA, and the information accompanyi	session. The parent or guardia t actually occurs. ncipal of the school of the num ng this contract.	an assures that a licensed and				
High School District	Chair, Board of Truste	es			Date				
	I attes	t that the above inforr	mation is true and correct.						
Signature - Parent or Guardian				Date					

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			School Year 2004- 2005 le to School Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity
Polson Elem					Lake		0477
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between e	lementary ar	nd high scho	ol?			
Are you applying for (If yes, please attac	h explanation)	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isolo dual circumstan- the county tran	ation of resider ces must be re sportation com	nce. In order to eviewed and apainmittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval		□ no	itials		Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS F	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester On	ly Both Semesters
Richard L. Seer					Pre-kindergarten/Kinde	rgarten	
Physical Address (s	treet address	only):			☐ 1st Semester Only		ly Doth Semesters
Distance from home Elementary 24 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 e to nearest be HS 0 ne-way only	us stop, if an	y (one way)	is contract. 9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTE copy for your files. R (For dis	times per day,	days per week da
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: ansport or provide ransport the stude , the District shall past semester. be computed on t	transportation for nts. Mileage corpay the parent the basis of the se	r the student(s) t htracts are valid of e sum officially a chedule establisl	o and from the school only when transportation approved in the applicated in Section 20-10-1	, and school district (dister referred to as the District(s) or bus stop on the days when school is on for the distance reported on the contration upon certification by the teacher or 42, MCA, and the information accomparer enrolled in school, whichever occurs fire	n session. The parent or guaract actually occurs. orincipal of the school of the nuying this contract.	
Elementary School Polson Elem			ard of Truste				Date
High School District		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above i	information is true and correct.		
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the C	Contract			County		Legal Entity
Polson Elem						Lake		0477
High School or K-12 D	istrict Responsit	le for Reimburs	ing the Cont	ract		County		Legal Entity
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	high school	ol?				
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstance the county trans	tion of residences must be revi portation comm	e. In order to ewed and ap hittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	□ yes	Initia □ no □ no	als		Stud	dent Name	School	Grade
County Approval	□ yes	no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly Both Semesters
Tammy Elkins						-kindergarten/Kinder		
Physical Address (s	treet address	oniy):			□ 1	st Semester Only	2nd Semester On	ly Doth Semesters
Distance from home Elementary 35 Distance from home Elementary 6 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	s contract. 9-12 Total	Kind by the Total Kind Total Total Total PAR CLE files	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original . UNTY SUPERINTEN y for your files. REA (For dist	times per day, tool Clerk June 1.	days per week days per week days per week ly 1, retain a copy for your al to OPI by July 10, retain a ATE I use only)
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: nansport or provide t ransport the studer, the District shall p past semester. be computed on th terminate at the en District	ransportation for the state of the parent the state basis of the sche	ne student(s) to acts are valid of sum officially a edule establish ar or when the d of Truste	o and from the school only when transportati pproved in the applica and in Section 20-10-1 student(s) is no longe	or bus stop on on for the dista ation upon certi	nce reported on the contract	session. The parent or guar at actually occurs. incipal of the school of the ni ing this contract.	dian assures that a licensed and umber of days the student(s) was Date Date
		1	I attes	t that the above	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box	k 202501 , MT 59620				School Year 2004- 2005 te to School Clerk June 1		
Elementary District Resp	onsible for Re	imbursing the	Contract		County	·	Legal Entity
High School or K-12 Dist	rict Responsib	ole for Reimbur	sing the Cont	ract	County		Legal Entity
St Ignatius K-12 S	Schools				Lake		0481
Is this contract shared ☐ yes ☐ no	between el	ementary and	d high school	ol?			
Are you applying for is (If yes, please attach	explanation)		□ No		Student Name	School	Grade
ISOLATION: Section 20 rates for special circumst increased rates, individual trustees of the district, the	ances of isola al circumstance e county trans	tion of residences must be revenued to the community of t	ce. In order to viewed and appointed, and the mittee, and the	o receive oproved by the	Student Name	School	Grade
Public Instruction. (10.7.1) Check here only if increa District Trustees and the	sed payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval			ials		Student Name	School	Grade
	•	no			THIS CONTRACT IS F	OR:	
Parent or Guardian Na	ame: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
Byron & Sarah So					Pre-kindergarten/Kinde	rgarten	
Physical Address (stre	eet address	only):				☐ 2nd Semester Onl	y Both Semesters
Distance from home to Elementary 0 Distance from home to Elementary 0 Contract is for one Students in Each Grade Level Regular Trans Spec. Ed. Trans Room & Board Correspondence	HS 45 c nearest bu HS 0 e-way only	s stop, if any	(one way)	s contract. 9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop To or from School Deadlines: PARENTS: Due to Scl CLERKS: Send originatiles. COUNTY SUPERINTE copy for your files.	times per day,times day,times per day,times day,times day,times per day,times day,	
Reg. Contingency Spec. Ed. Contin.					Reiml	oursement rate is detern 20-10-142, MCA.	nined by
insured driver will tran 2. In March and June, th transported for the pa 3. The payment shall be	port or provide t isport the studer e District shall p st semester. computed on th	ransportation for this. Mileage contray the parent the basis of the sch	the student(s) to racts are valid of sum officially a nedule establish	o and from the school only when transportation pproved in the applicated in Section 20-10-1	, and school district (dister referred to as the District(s or bus stop on the days when school is on for the distance reported on the contration upon certification by the teacher or 42, MCA, and the information accomparer enrolled in school, whichever occurs fi). in session. The parent or guard act actually occurs. principal of the school of the null hying this contract.	
Elementary School Di			rd of Truste		oonod in oonoon, windlevel occurs ii		Date
High School District St Ignatius K-12 Scho	ols	Chair, Boa	rd of Truste	es			Date
			I attes	t that the above i	information is true and correct.		
Signature - Parent or G	uardian		·			Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	0-2501			chool Year 2004- 200 e to School Clerk June		
Elementary District Re	esponsible for R	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity
St Ignatius K-12	2 Schools				Lake		0481
Is this contract shar	red between e	lementary ar	d high scho	ol?			
Are you applying fo (If yes, please attac	h explanation)	□ No		Student Name	School	Grade
ISOLATION: Section rates for special circur increased rates, indivitrustees of the district, Public Instruction. (10)	nstances of isological circumstan the county tran	ation of resider ces must be re sportation com	nce. In order to viewed and appoint and the mittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if inconstruct Trustees and t	reased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade
Elem District Approval	□ yes	Ini	tials		Student Name	School	Grade
HS District Approval County Approval		□ no			THIS CONTRACT	IS FOR:	
Parent or Guardian	Name: (Pleas	se Print)			Grades 1-12 ☐ 1st Semester 0	Only 2nd Semester Only	y Both Semesters
Fred Gariepy Physical Address (s	street address	only):			Pre-kindergarten/l ☐ 1st Semester 0	Kindergarten Only □ 2nd Semester Onl	y □ Both Semesters
						/PREKINDERGARTEN:	,
Distance from home Elementary 0 Distance from home Elementary 0	HS 45	·			by this contract: To or from Bus St To or from School Kindergarten chi	pp times per day, times per day, times per day, _ Id rides without other scho pp times per day, times per day, times per day, _	days per week days per week ol-age students:
□ Contract is for o							
Students in Each Grade L	evel - Only include	the students to t	e covered by th	is contract.	Deadlines: PARENTS: Due 1	to School Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send of files.	original to County Supt by Jul	y 1, retain a copy for your
Regular Trans					COUNTY SUPER	INTENDENTS: Send origina	ıl to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files		
Room & Board Correspondence						REIMBURSEMENT RA or district, county and OPI	
Reg.							
Contingency Spec. Ed. Contin.					I	Reimbursement rate is detern 20-10-142, MCA.	nined by
Agreement between	n narent (nare	nt name)			, and school distric	et (district name)	
	ii parciii (parc	nt name)				,	······································
(county name) The parties agree as follo				•	er referred to as the Dist	()	
insured driver will	transport the stude	nts. Mileage cor	tracts are valid	only when transportation	on for the distance reported on th	nool is in session. The parent or guard e contract actually occurs. ther or principal of the school of the nu	
transported for the	past semester.		•		42, MCA, and the information ac	•	iniber of days the student(s) was
4. This contract shall Elementary School	terminate at the e	nd of the school y	vear or when the	student(s) is no longe	r enrolled in school, whichever or	cours first.	Date
·		,					
High School District St Ignatius K-12 Sc		Cnair, Boa	ard of Truste	es			Date
			I attes	t that the above i	nformation is true and co	rrect.	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620	-2501		Du	e to School Cle	erk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract		Coul	nty		Legal Entity
Swan Lake-Salr	mon Flem				Lak	(e		0486
High School or K-12 D	istrict Responsil	ole for Reimbur	sing the Con	tract	Cour			Legal Entity
Is this contract share □ yes □ no	ed between el	ementary an	d high scho	ol?	<u> </u>			
Are you applying for	r isolation stat	us? 🗆 Yes	□ No		Student N	lame	School	Grade
(If yes, please attac			increased reir	mbursement	Otadoner	iamo	Concor	Ciudo
rates for special circum increased rates, individual trustees of the district, Public Instruction. (10.)	dual circumstand the county trans	ces must be rev sportation comi	viewed and apmittee, and th	oproved by the	Student N	lame	School	Grade
Check here only if incre	eased payment	due to isolation	n has been ap	proved by the	Student N	lame	School	Grade
District Trustees and the	•	Init	mittee. tials		Student N	lame	School	Grade
Elem District Approval HS District Approval	□ yes	□ no □ no						Olado
County Approval Parent or Guardian		□ no - Print)			Grades 1	NTRACT IS FO -12		
	ivanic. (i icas	C i iiit)			☐ 1st Se	mester Only	□ 2nd Semester Only	□ Both Semesters
Alice L. Meyer Physical Address (s	treet address	oulv).				rgarten/Kinder	garten □ 2nd Semester Only	Doth Commontons
,		oy /.				,	,	both Semesters
Distance from home Elementary 7.7 Distance from home Elementary 0	HS 0	·	• /		Kinderga by this co To or fron To or fron Kinderga	rten child ride ontract: n Bus Stop n School rten child ride	times per day, times per day, es without other schoo	days per week days per week bl-age students:
·					To or from	n Bus Stop n School	times per day, _ times per day, _	days per week days per week
☐ Contract is for o	, ,	the students to b	e covered by th	is contract	Deadlir			
Otadenia in Lacii Orade Li							ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS	: Send origina	I to County Supt by July	1, retain a copy for your
Regular Trans					COUNTY	SUDEDINTEN	IDENTS: Send original	I to OPI by July 10, retain a
Spec. Ed. Trans					copy for y		DENTO: Ocha ongma	Tto Of T by duly To, Tetalif a
Room & Board							EIMBURSEMENT RA	
Correspondence						(. 5. 5.5)	and, county and or r	200 Cy)
Reg. Contingency						Reimb	ursement rate is determ	ined by
Spec. Ed. Contin.							20-10-142, MCA.	,
A sure a see a set le atrus a se		-4				-	wint manne)	
Agreement betweer	грагені (раге	nt name)					rict name)	,
(county name) The parties agree as follow				-	ter referred to as			
insured driver will t	ransport the stude	nts. Mileage conf	tracts are valid of	only when transportation	on for the distance rep	orted on the contra	ct actually occurs.	an assures that a licensed and
transported for the	past semester.	, ,	,		42, MCA, and the info	•	·	nber of days the student(s) was
 This contract shall 	terminate at the er	nd of the school y		student(s) is no longe	er enrolled in school, w			Date
Elementary School Swan Lake-Salmon	Elem	,						
High School District		Chair, Boa	rd of Truste	es				Date
		<u> </u>	I attes	t that the above	information is tru	e and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501		Due to School Clerk June 1						
Elementary District Re	sponsible for Re	imbursing the C	Contract			County	<u> </u>	Legal Entity		
Swan Lake-Salr	mon Elem					Lake		0486		
High School or K-12 D		le for Reimburs	sing the Cont	ract		County		Legal Entity		
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	high school	ol?						
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade		
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	tion of residences must be revi sportation comm	e. In order to ewed and ap hittee, and the	o receive oproved by the	Stud	dent Name	School	Grade		
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade		
Elem District Approval HS District Approval	□ yes	Initi □ no □ no □ no	als		Stud	dent Name	School	Grade		
County Approval		no				S CONTRACT IS FO	DR:			
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester On	ly Both Semesters		
Catherine F. Gr Physical Address (s					Pre	-kindergarten/Kinder	garten			
Physical Address (s	treet address	only):			□ 1	st Semester Only	□ 2nd Semester On	ly Doth Semesters		
Distance from home Elementary 17 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	is contract. 9-12 Total	Kin by to Too Kin Too Co	chis contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Schoel ERKS: Send original	times per day,	days per week days per week days per week bool-age students: days per week		
Room & Board					000		IMBURSEMENT R	ATE		
Correspondence							rict, county and OP			
Reg. Contingency Spec. Ed. Contin.						Reimbi	ursement rate is deter 20-10-142, MCA.	mined by		
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: ansport or provide t ransport the studer , the District shall p past semester. be computed on th terminate at the en	ransportation for tots. Mileage contribute parent the parent the set basis of the sch	he student(s) to acts are valid o sum officially a edule establish ar or when the	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	or bus stop or on for the dista ation upon cert 42, MCA, and	ince reported on the contract	session. The parent or guar ct actually occurs. rincipal of the school of the nuing this contract.	dian assures that a licensed and umber of days the student(s) was		
Swan Lake-Salmon High School District	Elem	Chair, Boar						Date		
riigii School District	·	Grian, Buar	u or rruste					Date		
			I attes	t that the above	information	is true and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	x 202501 a, MT 59620				chool Year 2004- 2005 to School Clerk June 1				
Elementary District Resp	onsible for Re	imbursing the C	ontract		County	•	Legal Entity		
Swan Lake-Salm	on Elem				Lake		0486		
High School or K-12 Dis	trict Responsit	le for Reimbursi	ng the Conti	act	County		Legal Entity		
Is this contract shared ☐ yes ☐ no	d between el	ementary and	high schoo	ıl?					
Are you applying for i	explanation)		□ No		Student Name	School	Grade		
ISOLATION: Section 20 rates for special circums increased rates, individu trustees of the district, the Public Instruction. (10.7.	tances of isola al circumstanc le county trans	tion of residence es must be revieus portation commi	e. In order to ewed and ap ittee, and the	receive proved by the	Student Name	School	Grade		
Check here only if increa District Trustees and the	sed payment	due to isolation h	nas been ap	proved by the	Student Name	School	Grade		
Elem District Approval HS District Approval	□ yes	□ no □ no			Student Name School Grade				
County Approval Parent or Guardian N	□ yes	no			THIS CONTRACT IS F Grades 1-12		v □ Both Semesters		
Charles McLeod					☐ 1st Semester Only		y Both Semesters		
Physical Address (str	eet address	only):			Pre-kindergarten/Kinde 1st Semester Only		y		
Distance from home to Elementary 7.5 Distance from home to Elementary 15 Contract is for one Students in Each Grade Leventary 15 Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contingency	HS 0 so nearest bu HS 0 e-way only	s stop, if any (one way)	9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sch CLERKS: Send origina files. COUNTY SUPERINTE copy for your files. R (For dis	times per day,times per day,	days per week da		
Spec. Ed. Contin.						20-10-142, MCA.			
insured driver will trai 2. In March and June, the transported for the pa 3. The payment shall be	sport or provide t nsport the studer ne District shall p ast semester.	ransportation for th tts. Mileage contra ay the parent the s the basis of the sche	e student(s) to ects are valid o um officially ap	and from the school o nly when transportation proved in the applicati ed in Section 20-10-14	, and school district (dister referred to as the District(s) or bus stop on the days when school is in for the distance reported on the contrain upon certification by the teacher or 2, MCA, and the information accomparenrolled in school, whichever occurs fit). in session. The parent or guard actually occurs. principal of the school of the nunying this contract.			
Elementary School D	istrict	Chair, Board			S SACE IN SOCIOUI, WITHOUTEVEL OCCURS III	<u> </u>	Date		
Swan Lake-Salmon E High School District		Chair, Board	d of Trustee	es			Date		
		<u> </u>	I attest	that the above in	formation is true and correct.				
Signature - Parent or G	uardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	30x 202501 na, MT 59620)-2501	Due to School Clerk June 1							
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity		
Swan Lake-Salı	•	J				Lake		0486		
High School or K-12 D		ble for Reimbu	rsing the Con	tract		County		Legal Entity		
Is this contract shar □ yes □ no	ed between el	lementary ar	nd high scho	ol?						
Are you applying fo	r isolation stat	us? □ Yes	□ No		Ctur	dent Name	School	Grade		
(If yes, please attaction: Section			increased rei	mhursement	Siuc	dent Name	School	Grade		
rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to eviewed and a imittee, and the	to receive pproved by the	Stud	dent Name	School	Grade		
Check here only if incr District Trustees and ti	reased payment	due to isolation	n has been ar	pproved by the	Stud	dent Name	School	Grade		
		In	itials		Stu	dent Name	School	Grade		
Elem District Approval HS District Approval	□ yes							0.000		
County Approval Parent or Guardian		□ no			Gra	<u>S CONTRACT IS FO</u> des 1-12	<u>)K:</u>			
	rvanic. (i icas	C I IIIII)			□ 1	st Semester Only	 2nd Semester Only 	/ □ Both Semesters		
Kyle Luckow Physical Address (s	treet address	oulv).				-kindergarten/Kinder				
, 6.66. 7.66. 66		J,).				·	□ 2nd Semester Only	√ □ Both Semesters		
Distance from home Elementary 17 Distance from home Elementary 0 Contract is for o	HS 0 e to nearest bu HS 0 ne-way only	us stop, if an	y (one way)		Kindo by t To c To c Kindo To c	his contract: or from Bus Stop or from School dergarten child ride	es <u>with</u> other school-a times per day, _ times per day, _ es without other school	days per week days per week bl-age students: days per week days per week days per week days per week		
Students in Each Grade L						RENTS: Due to Sch	ool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE files	-	I to County Supt by July	1, retain a copy for your		
Regular Trans							IDENTS: Sand original	I to OPI by July 10, retain a		
Spec. Ed. Trans						y for your files.	DENTS. Selid Oligilia	TIO OFT by July 10, letail a		
Room & Board							EIMBURSEMENT RA			
Correspondence						(3. 3.3.	,,	,,		
Reg. Contingency						Reimb	ursement rate is determ 20-10-142, MCA.	nined by		
Spec. Ed. Contin.							20 10 142, 10071.			
Agreement between	n parent (pare	nt name)			, and	d school district (dist	rict name)	,		
(county name) The parties agree as follow	ws:			County, hereinaf	ter referred	I to as the District(s).				
The parent shall trainsured driver will to	ansport or provide transport the stude	nts. Mileage cor	ntracts are valid	only when transportation	on for the dista	nce reported on the contra	ct actually occurs.	an assures that a licensed and		
transported for the	past semester.							nber of days the student(s) was		
This contract shall	terminate at the er	nd of the school	year or when the	student(s) is no longe	4∠, MCA, and er enrolled in so	the information accompany chool, whichever occurs first	ring this contract. st.	Dete		
Elementary School Swan Lake-Salmon	Elem	Chair, Boa	ard of Truste	ees				Date		
High School District	1	Chair, Boa	ard of Truste	es				Date		
		1	I attes	t that the above i	information	is true and correct.		<u> </u>		
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501		Due to School Clerk June 1						
Elementary District Re	sponsible for Re	imbursing the C	Contract			County	<u> </u>	Legal Entity		
Swan Lake-Salr	mon Elem					Lake		0486		
High School or K-12 D		le for Reimburs	ing the Cont	ract		County		Legal Entity		
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	high school	ol?						
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade		
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	tion of residences must be review to the comment of	e. In order t ewed and ap littee, and the	o receive oproved by the	Stud	dent Name	School	Grade		
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade		
Elem District Approval HS District Approval	□ yes	Initia no no	als		Stud	dent Name	School	Grade		
County Approval	□ yes	no				S CONTRACT IS FO des 1-12	DR:			
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly Doth Semesters		
Monique Love Physical Address (s	troot addraga	anlı ():				-kindergarten/Kinder				
Physical Address (s	treet address	oriiy).			□ 1	st Semester Only	2nd Semester On	ly Doth Semesters		
Distance from home Elementary 17 Distance from home Elementary 0 Contract is for o Students in Each Grade Letter Regular Trans Spec. Ed. Trans Room & Board Correspondence	HS 0 e to nearest bu HS 0 ne-way only	s stop, if any	(one way)	is contract. 9-12 Total	Kin by to Too Kin Too Co. Dee PAR CLE files	chis contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Schoel ERKS: Send original i. UNTY SUPERINTEN y for your files.	times per day,	days per week days per week days per week ly 1, retain a copy for your lal to OPI by July 10, retain a		
Reg. Contingency Spec. Ed. Contin.						Reimbi	ursement rate is deten 20-10-142, MCA.	mined by		
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: nansport or provide t ransport the studer, the District shall p past semester. be computed on the terminate at the en District	ransportation for the state. Mileage contrary the parent the state basis of the sche	ne student(s) to acts are valid of sum officially a edule establish ar or when the	o and from the school only when transportation pproved in the applicated in Section 20-10-1 student(s) is no longer	or bus stop or on for the dista ation upon cert	ince reported on the contract	session. The parent or guar ct actually occurs. rincipal of the school of the nuing this contract.	dian assures that a licensed and umber of days the student(s) was		
High School District		Chair, Boar	d of Truste	es				Date		
			Lattes	t that the above	information	is true and correct.				
Signature - Parent or	Guardian		· unco	t and the above			Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

PO Box 202501 Helena, MT 59620)-2501						
Elementary District Responsible for Re	eimbursing the Contra	act	County	l	Legal Entity		
Swan Lake-Salmon Elem			Lake		0486		
High School or K-12 District Responsit	ble for Reimbursing the	he Contract	County		Legal Entity		
Is this contract shared between el □ yes □ no	lementary and high	n school?					
Are you applying for isolation state		No	Student Name	School	Grade		
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA		sed reimbursement		GCHOOL	Clade		
rates for special circumstances of isola increased rates, individual circumstand trustees of the district, the county trans	ces must be reviewed	and approved by the	Student Name	School	Grade		
Public Instruction. (10.7.116 ARM prov			Student Name	School	Grade		
Check here only if increased payment District Trustees and the County Trans	sportation Committee		Otadent Name	CONOCI	Grade		
	Initials □ no □		Student Name	School	Grade		
	□ no	_	THIS CONTRACT IS FOR:				
Parent or Guardian Name: (Pleas	e Print)		Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester Only	/ □ Both Semesters		
Paula Clarke			Pre-kindergarten/Kinder	garten			
Physical Address (street address	only):		☐ 1st Semester Only		/ □ Both Semesters		
			KINDERGARTEN/PRE				
Distance from home to nearest so Elementary 6 HS 0	chool (one way)		by this contract:		ge students also covered days per week		
Distance from home to nearest bu	us stop, if any (one	way)	To or from School Kindergarten child ride	times per day, _ es without other schoo	days per week ol-age students:		
•			To or from Bus Stop To or from School	times per day, _ times per day, _	days per week days per week		
☐ Contract is for one-way only Students in Each Grade Level - Only include	the students to be cover	red by this contract	Deadlines:				
· .		·	PARENTS: Due to Sch	ool Clerk June 1.			
Pre-K Total		-8 9-12 tal Total	CLERKS: Send origina files.	I to County Supt by July	/ 1, retain a copy for your		
Regular Trans			COLINTY SUBERINTEN	IDENTS: Sond origina	I to OPI by July 10, retain a		
Spec. Ed. Trans			copy for your files.	DENTS. Selid Oligilia	Tto OFT by July 10, retail a		
Room & Board				EIMBURSEMENT RA			
Correspondence			(For dist	rict, county and OFT	use offiy)		
Reg.			Reimh	ursement rate is determ	nined by		
Contingency Spec. Ed. Contin.			Temb	20-10-142, MCA.	inica by		
Opeo. Ed. Oorium.							
Agreement between parent (parei	nt name)		, and school district (dist	rict name)	,		
(county name) The parties agree as follows:		County, hereina	fter referred to as the District(s).				
 The parent shall transport or provide to 			ol or bus stop on the days when school is in tion for the distance reported on the contra		ian assures that a licensed and		
 In March and June, the District shall p transported for the past semester. 	pay the parent the sum o	fficially approved in the applic	cation upon certification by the teacher or p	rincipal of the school of the nur	mber of days the student(s) was		
 This contract shall terminate at the er 	nd of the school year or v	when the student(s) is no long	142, MCA, and the information accompany ger enrolled in school, whichever occurs first		T = .		
Elementary School District Swan Lake-Salmon Elem	Chair, Board of	Trustees			Date		
High School District	Chair, Board of	Trustees			Date		
		I attest that the above	information is true and correct.				
Signature - Parent or Guardian				Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620)-2501	Due to School Clerk June 1							
Elementary District Re	esponsible for Re	eimbursing the	Contract			County		Legal Entity		
Swan Lake-Salı						Lake		0486		
High School or K-12 D	K-12 District Responsible for Reimbursing the Contract					County		Legal Entity		
Is this contract shar ☐ yes ☐ no	red between el	ementary an	d high scho	ol?						
(If yes, please attac	Are you applying for isolation status? ☐ Yes ☐ No (If yes, please attach explanation)						School	Grade		
rates for special circum	ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the						School	Grade		
trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)						dent Name	School	Grade		
Check here only if incr District Trustees and t		sportation Com	mittee.	pproved by the	Siu	dent name	301001	Grade		
Elem District Approval HS District Approval	•	□ no	itials		Stu	dent Name	School	Grade		
County Approval	□ yes	□ no				THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester Only	y Both Semesters		
Paulette Love Physical Address (s	street address	only):				-kindergarten/Kinder	garten □ 2nd Semester Onl	y □ Both Semesters		
, ,		,,				DERGARTEN/PRE		y Doin Jemesters		
Distance from home to nearest school (one way) Elementary 17 HS 0					Kin by 1	dergarten child ride his contract: or from Bus Stop	es <u>with</u> other school-a times per day,	age students also covered days per week		
Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0				To o Kin To o	or from School dergarten child ride or from Bus Stop	times per day, _ s <u>without</u> other scho times per day, _	days per week ol-age students: days per week			
□ Contract is for o	ne-way only				100	or from School	times per day, _	days per week		
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	De	adlines: RENTS: Due to Sch	ool Clerk June 1			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	ERKS: Send original		y 1, retain a copy for your		
Regular Trans					files		IDENTO Occidentation	Lita ODI ku kulu 10 matain a		
Spec. Ed. Trans						y for your files.	IDEN 15: Send origina	ıl to OPI by July 10, retain a		
Room & Board							EIMBURSEMENT RA			
Correspondence						(i oi dist	not, county and or i	doc omy)		
Reg. Contingency						Reimb	ursement rate is detern	nined by		
Spec. Ed. Contin.							20-10-142, MCA.			
Agreement between	n parent (pare	nt name)			, an	d school district (dist	rict name)	,		
(county name)				County, hereinaf	ter referred	I to as the District(s).				
	ansport or provide					the days when school is in		ian assures that a licensed and		
	, the District shall p							mber of days the student(s) was		
The payment shall This contract shall	be computed on the terminate at the er	nd of the school y	ear or when the	student(s) is no longe		the information accompany chool, whichever occurs first				
Elementary School Swan Lake-Salmon		Chair, Boa	ard of Truste	es				Date		
High School District		Chair, Boa	ard of Truste	es				Date		
			l attes	t that the above i	information	is true and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	-2501			School Year 2 le to School	2004- 2005 Clerk June 1				
Elementary District Re	sponsible for Re	imbursing the	Contract		C	County	Legal Entity			
Upper West Sho	ore Elem				L	_ake		1211		
High School or K-12 D	istrict Responsit	ole for Reimbur	sing the Conf	tract	C	County		Legal Entity		
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?						
Are you applying for (If yes, please attact	h explanation)	1			Studer	nt Name	School	Grade		
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ition of residen ces must be re- sportation comi	ce. In order t viewed and ap mittee, and th	o receive oproved by the	Studer	nt Name	School	Grade		
Check here only if incr District Trustees and the	eased payment	due to isolatior	n has been ap	pproved by the	Studer	nt Name	School	Grade		
Elem District Approval HS District Approval	□ yes		tials		Studer	nt Name	School	Grade		
County Approval	□ yes	🗆 no			THIS C	CONTRACT IS FO	DR:			
Parent or Guardian	Name: (Pleas	e Print)				Semester Only	□ 2nd Semester On	ly Both Semesters		
Cheri Tressel Physical Address (s	troot addross	only):				ndergarten/Kinder				
Filysical Address (s	dieet address	orny).			☐ 1st	□ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Distance from home to nearest school (one way) Elementary 6 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0					Kindergarten child rides with other school-age students also covered by this contract: To or from Bus Stop times per day, days per week To or from School times per day, days per week Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week To or from School times per day, days per week					
Contract is for o	ne-way only					llines:	times per day, _	days per week		
Students in Each Grade L	Students in Each Grade Level - Only include the students to be covered by this contract.						ool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERI	KS: Send origina	I to County Supt by Ju	ly 1, retain a copy for your		
Regular Trans						TV CURERINTEN	IDENTS: Cand ariain	al ta ODI bu July 10 matain a		
Spec. Ed. Trans						or your files.	IDENTS: Send ongina	al to OPI by July 10, retain a		
Room & Board							EIMBURSEMENT R			
Correspondence								,,		
Reg. Contingency						Reimb	ursement rate is deter	mined by		
Spec. Ed. Contin.							20-10-142, MCA.			
		L								
Agreement betweer	n parent (parei	nt name)			, and s	chool district (dist	rict name)	,		
(county name)				County hereinaf	ter referred to	as the District(s).				
The parties agree as follow		ransportation for		•		, ,		dian assures that a licensed and		
In March and June	, the District shall p	nts. Mileage cont pay the parent the	tracts are valid of sum officially a	only when transportation of the proved in the application of the appli	on for the distance ation upon certifica	reported on the contra tion by the teacher or p	ct actually occurs. rincipal of the school of the nu	imber of days the student(s) was		
transported for the 3. The payment shall 4. This contract shall	be computed on the	ne basis of the sc	hedule establish	ned in Section 20-10-1	42, MCA, and the	information accompany	ving this contract.			
Elementary School Upper West Shore	District		rd of Truste		2 0 0 0	.,		Date		
High School District		Chair, Boa	rd of Truste	es				Date		
		<u> </u>	l attes	t that the above	information is	true and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620	0-2501			e to School Clerk June 1				
Elementary District Re	sponsible for R	eimbursing the	Contract		County	County			
Upper West Sho	ore Elem				Lake		1211		
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity		
Is this contract shar ☐ yes ☐ no	ed between e	lementary ar	id high scho	ol?					
Are you applying for (If yes, please attac	h explanation)	□ No		Student Name	School	Grade		
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isological circumstan the county tran	ation of resider ces must be re sportation com	nce. In order to viewed and appointment in the contract of the	o receive oproved by the	Student Name	School	Grade		
Check here only if incr District Trustees and the	eased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade		
Elem District Approval	□ yes	Ini	itials		Student Name	School	Grade		
HS District Approval County Approval		□ no			THIS CONTRACT IS F	OR:			
Parent or Guardian	Name: (Pleas	se Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester On	ly □ Both Semesters		
Jenny Leineke					Pre-kindergarten/Kinde	raarten			
Physical Address (s	treet address	only):			□ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Distance from home Elementary 8.5 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 e to nearest be HS 0 ne-way only	us stop, if an	y (one way)	is contract. 9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop To or from School Deadlines: PARENTS: Due to Scl CLERKS: Send origina files. COUNTY SUPERINTE copy for your files. R (For dis	times per day,	days per week da		
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: ansport or provide ransport the stude , the District shall past semester. be computed on t	transportation for the same the basis of the same the same the basis of the same the same the same the same the same the basis of the same	r the student(s) t htracts are valid of e sum officially a chedule establisl	o and from the school only when transportation approved in the applicated in Section 20-10-1	, and school district (dister referred to as the District(s or bus stop on the days when school is on for the distance reported on the contraction upon certification by the teacher or 42, MCA, and the information accompander enrolled in school, whichever occurs fi). in session. The parent or guar act actually occurs. principal of the school of the no			
Elementary School Upper West Shore I	District		ard of Truste				Date		
High School District		Chair, Boa	ard of Truste	es			Date		
			I attes	t that the above i	information is true and correct				
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			e to School Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	County			
Upper West Sho	ore Elem				Lake		1211		
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity		
Is this contract shar ☐ yes ☐ no	ed between e	lementary ar	nd high scho	ol?					
Are you applying for (If yes, please attac	h explanation)	□ No		Student Name	School	Grade		
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isolo dual circumstan- the county tran	ation of resider ces must be re sportation com	nce. In order to eviewed and application.	o receive oproved by the	Student Name	School	Grade		
Check here only if incr District Trustees and the	eased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade		
Elem District Approval	□ yes	In □ no	itials		Student Name	School	Grade		
HS District Approval County Approval		□ no			THIS CONTRACT IS F	OR:			
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester On	ly □ Both Semesters		
Sherry Gillam					Pre-kindergarten/Kinde	raarten			
Physical Address (s	treet address	only):			□ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Distance from home Elementary 5.5 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 e to nearest be HS 0 ne-way only	us stop, if an	y (one way)	is contract. 9-12 Total	by this contract: To or from Bus Stop To or from School Kindergarten child ric To or from Bus Stop To or from School Deadlines: PARENTS: Due to Sc CLERKS: Send originatiles. COUNTY SUPERINTE copy for your files. R (For dis	times per day,	days per week da		
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: ansport or provide ransport the stude , the District shall past semester. be computed on t	transportation for nts. Mileage corpay the parent the basis of the se	r the student(s) t htracts are valid of e sum officially a chedule establisl	o and from the school only when transportation approved in the applicated in Section 20-10-1	, and school district (dister referred to as the District(s or bus stop on the days when school is on for the distance reported on the contraction upon certification by the teacher or 42, MCA, and the information accompant renrolled in school, whichever occurs fi). in session. The parent or guar act actually occurs. principal of the school of the no			
Elementary School Upper West Shore I	District		ard of Truste				Date		
High School District		Chair, Boa	ard of Truste	es			Date		
			l attes	t that the above i	information is true and correct				
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	0-2501 School Year 2004- 2005 Due to School Clerk June 1								
Elementary District Re	sponsible for Re	eimbursing the	Contract		(County	Legal Entity			
Upper West Sho	ore Flem	e Elem				_ake		1211		
	r K-12 District Responsible for Reimbursing the Contract					County		Legal Entity		
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	d high school	ol?						
Are you applying for (If yes, please attac	h explanation))	□ No	mhureomont	Studer	nt Name	School	Grade		
ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of						Student Name School Grade				
Public Instruction. (10. Check here only if incr District Trustees and the	eased payment	due to isolatior	n has been ap	proved by the	Stude	nt Name	School	Grade	;	
Elem District Approval	□ yes		tials		Stude	nt Name	School	Grade	;	
HS District Approval County Approval	,	□ no □ no				THIS CONTRACT IS FOR:				
Parent or Guardian	Name: (Pleas	e Print)			Grade □ 1st	s 1-12 Semester Only	□ 2nd Semester On	ly □ Both Semesters		
Ulla Kaski					Pre-kii	ndergarten/Kinder	raarten	•		
Physical Address (s	treet address	only):				Pre-kindergarten/Kindergarten □ 1st Semester Only □ 2nd Semester Only □ Both Semesters				
Distance from home Elementary 6 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg.	HS 0 e to nearest bu HS 0 ne-way only	us stop, if any	(one way)	is contract. 9-12 Total	Kinde by this To or f To or f Kinde To or f CLER files. COUN	rgarten child rides contract: from Bus Stop from School rgarten child ride from Bus Stop from School Illines: NTS: Due to Sch KS: Send origina ITY SUPERINTER or your files.	times per day,	days per week days per week days per week ly 1, retain a copy for your lat to OPI by July 10, retain ATE		
Contingency Spec. Ed. Contin.						Reimb	ursement rate is determined 20-10-142, MCA.	mined by		
insured driver will t 2. In March and June transported for the 3. The payment shall	vs: ransport or provide a ransport the stude, the District shall p past semester. be computed on the terminate at the er District Elem	transportation for nts. Mileage cont pay the parent the ne basis of the school year Chair, Boa	the student(s) to tracts are valid of sum officially a hedule establish	o and from the school only when transportati pproved in the applica- ned in Section 20-10- student(s) is no longer	fter referred to I or bus stop on the ion for the distance ation upon certifica 142, MCA, and the	e reported on the contra	n session. The parent or guan ct actually occurs. principal of the school of the nuying this contract.	dian assures that a licensed and umber of days the student(s) was Date Date		
			I attes	t that the above	information is	true and correct.			_	
Signature - Parent or	Guardian						Date			